

***[CMS Notice for Plan Use -- Notification of Involuntary Disenrollment by the Centers for Medicare & Medicaid Services for Failure to Pay the Part D Income Related Monthly Adjustment Amount]***

<Insert Part D plan sponsor letterhead>

**Important – You have been disenrolled from your Medicare Prescription Drug Plan**

<Date>

Dear < Member>:

As of <disenrollment effective date>, you have been disenrolled from <Part D plan sponsor name> because you didn't pay the extra amount in addition to your monthly Medicare prescription drug plan premium (called the Income-Related Monthly Adjustment Amount or IRMAA). Before being disenrolled, you should have received notices from Medicare showing the amount you owe and providing information on how to pay this amount. This decision was made by Medicare, not by <Part D plan sponsor name>. If your plan premium was paid for any month after <disenrollment effective date>, you'll get a refund from us within 30 days of this letter.

**How to get your coverage back**

You have the right to ask to get your coverage back, if you can do the following:

1. Show "good cause" (a good reason) for not paying the extra amount, (For example, you were mentally or physically unable to pay the amounts you owe)
2. Pay the extra amounts you owe, **and**
3. Pay any plan premiums you owe to <Part D plan sponsor name>, if you owe any.
4. Call <CMS will insert Agency Name> at <CMS will insert toll-free telephone number> for more information about how you can get your coverage back no later than <insert the date that is 3 calendar months after the disenrollment effective date>. TTY users should call <CMS will insert toll-free TTY number>.

**Who can I call to get more information?**

- Call 1-800-MEDICARE (1-800-633-4227) if you have questions about the decision to disenroll you because you didn't pay the extra amount. TTY users should call 1-877-486-2048.
- Call < Part D plan sponsor name > at <phone number> if you have questions about your plan's premium. TTY users should call <TTY number>. We are open <days and hours of operation>.

Please remember, if you miss the timeframe to request reinstatement, you will not get your coverage back. If you do not get your coverage back and go without other coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage"), you may

have to pay a late enrollment penalty in addition to the monthly extra and plan premium amounts if you enroll in Medicare prescription drug coverage in the future.

#### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.